## Issue Classification



(Primary Examiner)

FOZIA M HAMUD

| Application/Control No. | Applicant(s)/Patent Under Reexamination |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|
| 09807558                | ANKER ET AL.                            |  |  |  |  |  |  |  |
| Examiner                | Art Unit                                |  |  |  |  |  |  |  |

1647

| ORIGINAL   |                                     |  |          |  |  |         | INTERNATIONAL CLASSIFICATION |   |   |                   |           |                                       |   |         |   |                      |  |  |
|--|-------------------------------------|--|----------|--|--|---------|------------------------------|---|---|-------------------|-----------|---------------------------------------|---|---------|---|----------------------|--|--|
|  | CLASS                               |  | SUBCLASS |  |  | CLAIMED |                              |   |   |                   |           | NON-CLAIMED                           |   |         |   |                      |  |  |
| 514  |                                     |  | 173      |  |  | Α       | 6                            | 1 | К | 31 / 58 (2006.01. | .01)      | Α                                     | 6 | 1       | К | 31 / 585 (2006.01.01 |  |  |
| CROSS REFERENCE(S)                                   |                                     |  |          |  |  |         | +                            |   |   |                   |           | -                                     |   |         |   |                      |  |  |
| CLASS  | S SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
| 514  | 175                                 |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   | _         |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   | $\dashv$  |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   | $\dashv$  |                                       |   |         |   |                      |  |  |
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|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   | _         |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   | $\dashv$  |                                       |   |         |   |                      |  |  |
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|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
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|  |                                     |  |          |  |  |         |                              |   |   |                   | _         |                                       |   |         |   |                      |  |  |
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|  |                                     |  |          |  |  |         |                              |   |   |                   | $\dashv$  |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
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|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   |         |   |                      |  |  |
| /FOZIA M HAMUD/ 04/07/08 (Assistant Examiner) (Date) |                                     |  |          |  |  |         | Total Claims Allowed:        |   |   |                   |           |                                       |   | llowed: |   |                      |  |  |
|  |                                     |  |          |  |  |         |                              |   |   |                   |           |                                       |   | 10      |   |                      |  |  |
| Manjunath Rao  |                                     |  |          |  |  |         |                              |   |   |                   | 0         | D.G. Print Claim(s)  O.G. Print Figur |   |         |   |                      |  |  |

(Date)

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